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Result Title: Attending Update Note
Performed By: [redacted], V S on July 17, 2011 7:36 AM
Verified By: [redacted], V S on July 17, 2011 7:36 AM
Encounter info: [redacted] UPMCSHY, Inpatient, 7/17/2011 - 8/18/2011

* Final Report *

Attending Update Note
University of Pittsburgh Medical Center

Patient: [redacted] **MRN:** [redacted]
Age: **23 years** Sex: **Female** DOB: [redacted]
Associated Diagnoses: **None**
Author: [redacted]

Comments
Holding Note/ Brief admit note
This is a 23 y.o white female with no significant PMHx who was admitted to OSH ([redacted]) on 7/11/11 with ~ 1 wk of nausea, vomiting, constipation, diffuse body aches,diplopia, HA, facial numbness.
No travel, no sick contacts. No new meds.
Seen by Neurologist there. MRI Brain- unremarkable except for "Punctate focus of increased signal in the right anterior pons in the diffusion weighted images". Meninges were normal. LP done showed WBC of 246, lymphocytic predominance. Pt sent to UPMC for possible leukemic meningitis.
Please see lab /image review section below for other details.

ROS:
Weight loss: 5 Lbs over 3-4 months.,
Headaches (bi temporal- different from her migraine headaches). No shortness of breath, diaphoresis, no palpitations.
No genitourinary compliant s. No joint swellings. No rash. No seizures.

Past Medical Hx:
Migraine-sensitive to light
Abnormal PAP smear, precancerous
Past Surgical Hx: Left ankle surgery

Home Meds: Birth control pills
Medications on Transfer: None
Medications given during the hospitalization at OSH: Flagyl, tylenol, acyclovir (given one dose 10mmg/kg on 7/16/11) , imitex toradol,ativan, neruontin 300mg QHS, morphine, levaquin

Allergies: PCN

Social hx: 3 pack smoking Hx, occasional etoh, No IVDA
Family Hx: positive for MI,

Vitals
7/12/11: BP- 117/74, HR;121, R- 18, temp 99.5

7/13: 101 deg F. otherwise afebrile for rest of her hosp stay there.
O/E:
HEENT: NCAT, neck supple, diplopia on left lateral gaze.
Neck: no masses, no tenderness, no significant stiffness.
Chest: CTA
Abd: Soft, NDNT,
Ext: No pedal edema, no cyanosis, no calf tenderness. No jnt swelling.
Neuro: AOX 3, non-focal exam.

Labs:

7/12/11: WBC- 8.9, Hgb 13.2, Hct- 38.3, Plt- 208, Neutro- 66.7, mono-10.5, Eo- 1%, Lymph-21.4, Na- 132, K-3.6, Cl- 102, BUN-11, Cr- 0.71. Glu- 97, CRP- 0.6. ESR- 25mm, Ca- 9.1, TSH-1.06, Folate-14,5,
Alk phos- 59, AST- 16, AST- 16,
UDS - negative
UA- unremarkable.
Bld cultures: negative; urine cx- negative, stool cx- hnegative
7/14: INR- 1.1
7/15/11: WBC- 9.1, RBC- 3.59, Hgb: 11.3, Hct- 33, Plt- 192, N- 69.9, M- 7.9, E-1.1;
Na-134, K- 3.4, Cl- 102, Glu- 111, Cr- 0.6, Ca- 8.1, ESR- 31, CRP- 0.7Ammonia- 39
7/16/11: WBC- 8.2, hgb- 12.4, Plt- 222: Na- 142, K- 3.8, KCl- 107, CO2- 28, Cr- 0.69, Ca- 8.8

CSF 7/15/11- normal presssure, glu- 53, **Protein 188, WBC- 246,neutrophils-0, Lymph-95**, RBC- 55, Monocytes-4, Eosinophils-1, culture-neg, gram stain- neg
hSV, Coxakie, EBV, VZv added but final results pending.
HIV test results pending
Lupus profile negative,
Lymes titer non-diagnostic

Imaging:
CT abd with IV contrast 7/12/11: Left adnexal derrmoid cyst withour imflamatory changes measureing 3.8 X 4.3 cam ad simple appearing right ovarian cyst. .
MRI Brain: with and without contrast:7/14/11
Punctate focus of increased signal in the right anterior pons in the diffusion weighted images, which is note definitely identified in the other sequences, and in the ADC map, consisitent with an artifact versus tiny acute infarct. No evidence of acute intracranial hemorrhage or mass effect.
MRI Brain with and without contrast 7/16/11: No acute inracranial infarct, hemorrhage or mass. No basilar meningeal enhancement to suggest meningitis.
MRI Lumbar spine:
Apparent enhancement of the surface of the conus medullaris, suspicious for inflammatory/ neoplastic pathology. No bony pathology, no spinal canal or neural foraminal narrowing.

A/P:
1.Abnormal CSF results, with normal peripheral counts: pt seen by heme/onco fellow not does not think this is leukemic meningitis. suggested repeat LP this AM.

2.HA/ generalized body aches: ? etiology. symptomatic/supportive care; toradal and imitrex for pain.

3.Dermoid cyst: Seen by gyn- plan for out patient f/u.